

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/526067 FILING DATE 28 FEB 2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2			/				52						
3			—				53						
4			—				54						
5			/				55						
6			—				56						
7			/				57						
8			—				58						
9			—				59						
10			/				60						
11			—				61						
12			—				62						
13			/				63						
14			—				64						
15			—				65						
16			/				66						
17			—				67						
18			/				68						
19			—				69						
20			—				70						
21			/				71						
22			—				72						
23			—				73						
24			/				74						
25			—				75						
26			/				76						
27			—				77						
28			—				78						
29			/				79						
30			—				80						
31			—				81						
32			—				82						
33			—				83						
34			—				84						
35			—				85						
36			—				86						
37			—				87						
38			—				88						
39			—				89						
40			—				90						
41			—				91						
42			—				92						
43			—				93						
44			—				94						
45			—				95						
46			—				96						
47			—				97						
48			—				98						
49			—				99						
50			—				100						
TOTAL IND.					4								
TOTAL DEP.					12								
TOTAL CLAIMS					14								